

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

---

Small PHA Plan Update  
Annual Plan for Fiscal Year: 2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH  
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## **PHA Plan Agency Identification**

**PHA Name:** ALGONAC HOUSING COMMISSION

**PHA Number:** MI114

**PHA Fiscal Year Beginning:** (04/01/2001)

### **PHA Plan Contact Information:**

Name: Nelson Stringer

Phone: (810)794-9369

TDD: N/A

Email: ahc@i-is.com

### **Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:**

Main administrative office of the PHA

### **Display Locations for PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at:

Main administrative office of the PHA

PHA Plan Supporting Documents are available for inspection at:

Main business office of the PHA

### **PHA Programs Administered:**

Public Housing Only



**Annual PHA Plan  
Fiscal Year 2001**  
[24 CFR Part 903.7]

**i. Table of Contents**

<b>Contents</b>	<u>Page #</u>
<b>Annual Plan</b>	
i. Executive Summary (optional)	
1	
ii. Annual Plan Information	
2	
iii. Table of Contents	
1	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	
2	
3. Other Information:	
3	
A. Resident Advisory Board Consultation Process	
3	
B. Statement of Consistency with Consolidated Plan	3
C. Criteria for Substantial Deviations and Significant Amendments	
4	
<b>Attachments</b>	
X Attachment A: Supporting Documents Available for Review (5)	
X Attachment B: Capital Fund Program Annual Statement (5TL)	
X Attachment C: Capital Fund Program 5 Year Action Plan (9TL)	
X Attachment D: Resident Membership on PHA Board or Governing Body (11TL)	
X Attachment E: Membership of Resident Advisory Board or Boards (12TL)	
X Attachment F: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) (13TL)	
X Attachment G: Description of Progress in Meeting Five-Year Goals	

**ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

*The Mission of the Algonac Housing Commission has not changed since the submittal of our Five-Year Plan in the year 2000. Our Mission Statement:*

**The Mission of the Algonac Housing Commission is to provide safe,**

Small PHA Plan Update Page 3

**Table Library**

**affordable housing in the most cost-effective manner as possible. Our purpose is to promote a suitable living environment free from discrimination and to give the residents of our development an economic opportunity through rental assistance and guidance.**

The Annual Plan for Fiscal Year 2001, which starts on April 1st, 2001, for the Algonac Housing Commission does not differ substantially from our projected Annual Plan submitted in our Five-Year Plan. Our goals remain the same.

**1. Summary of Policy or Program Changes for the Upcoming Year**

**NONE**

**2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

A. Yes Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA’s estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 101,243

C. Yes Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

**(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

**(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

**3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

1. No: Does the PHA plan to conduct any demolition or disposition activities pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

**5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

- A. No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

**6. Other Information**

[24 CFR Part 903.7 9 (r)]

**A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (File name) F

3. In what manner did the PHA address those comments? (select all that apply)

The PHA changed portions of the PHA Plan in response to comments  
 A list of these changes is included

Yes  No: below or

Yes  No: at the end of the RAB Comments in Attachment

\_\_\_\_\_.

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment F.

Other: (list below)

**B. Statement of Consistency with the Consolidated Plan**

1. Consolidated Plan jurisdiction: SAINT CLAIR COUNTY, AND MICHIGAN STATE

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory?  
If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

**C. Criteria for Substantial Deviation and Significant Amendments**

**1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

**A. Substantial Deviation from the 5-year Plan: NONE**

**B. Significant Amendment or Modification to the Annual Plan: NONE**

**Attachment A**  
**Supporting Documents Available for Review**

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing X check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownershi
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownershi
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crir Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crir Prevention
<b>X</b>	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <b>X</b> check here if included in the public housing A & O Policy	Pet Policy

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

ATTACHMENT B

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>						
<b>PHA Name:</b> Algonac Housing Commission		<b>Grant Type and Number</b> Capital Fund Program: MI28P11450100 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no)</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	\$10,077				
3	1408 Management Improvements					
4	1410 Administration					
5	1411 Audit					
6	1415 liquidated Damages					
7	1430 Fees and Costs	\$10,000				
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	\$78,000				
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					

ATTACHMENT B

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>						
<b>PHA Name:</b> Algonac Housing Commission		<b>Grant Type and Number</b> Capital Fund Program: MI28P11450100 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no)</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency	\$8,500				
20	Amount of Annual Grant: (sum of lines 2-19)	\$106,577				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Compliance					
23	Amount of line 20 Related to Security					
24	Amount of line 20 Related to Energy Conservation Measures					



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Algonac Housing Commission		<b>Grant Type and Number</b> Capital Fund Program #: MI28P11450100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Algonac Housing Commission		<b>Grant Type and Number</b> Capital Fund Program #: MI28P11450100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	







## ATTACHMENT C:

### Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

<b>CFP 5-Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MI114	Algonac Housing Commission    PHA Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned S (HA Fisca
Replace 28 Senior apartment Kitchens	\$112,000	04-01-200
Replace 190 Senior apartment closet doors	\$35,000	04-01-200
Replace 2 Dumpster enclosures	\$29,577	04-01-200
Replace Senior building heating system	\$126,577	04-01-200
Miscellaneous Painting	\$10,000	04-01-200
Landscaping	\$15,000	04-01-200
Renew Tot Lot	\$15,000	04-01-200
DBS Satellite System	\$25,000	04-01-200
<b>Total estimated cost over next 5 years</b>	<b>\$368,154</b>	

**Required Attachment D: Resident Member on the PHA Governing Board**

1. X Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Margaret Cordrey

B. How was the resident board member selected: (select one)?

Elected

X Appointed

C. The term of appointment is (include the date term expires): 04-18-2004

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? N/A

B. Date of next term expiration of a governing board member: 08-03-2002

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Algonac City Council

## **Required Attachment E: Membership of the Resident Advisory Board or Boards**

Because we were unable to obtain enough “volunteers” to get a good cross section of our total residents, all residents of the Algonac Housing Commission were advised in writing that they were members of the Resident Advisory Board. Letters are mailed or posted in conspicuous community areas advising of upcoming meetings.

**Attachment F**: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)

COMMENTS: The Resident Advisory Board met on Wednesday, January 17, 2001. After an explanation of the Proposed Plan there were no comments from the RAB.

RESPONSE: None required.